



Do you want your child to have a chance to see what Jr. High has in store for them?  
The Planet 7 program will offer an opportunity for 6<sup>th</sup> graders entering 7<sup>th</sup> grade to:

- build self-esteem
- learn how to deal with peer pressure
- meet new friends
- learn time management and study skills
- familiarize themselves with a new school

**ONLINE**  
**Registration begins**  
**on March 10 at 8am!**

Other fun aspects of the program include trips to  
Val Lanes, Valley View Aquatic Center,  
The Adventure Learning Center at Living History Farms,  
and Friday's trip to World's of Fun in Kansas City, MO.

All incoming 7<sup>th</sup> graders in the fall of 2015 in the West Des Moines School District

Session 1 Stilwell	July 6-July 10	#14895
Session 2 Stilwell	July 13-July 17	#14896
Session 3 Stilwell	July 20-July 24	#14897
Session 4 Stilwell	July 27-July 31	#14898

Session 1 Indian Hills	July 6-July 10	#14899
Session 2 Indian Hills	July 13-July 17	#14900
Session 3 Indian Hills	July 20-July 24	#14901
Session 4 Indian Hills	July 27-July 31	#14902

**Time:** 9:00am – 4:00pm, M-Th; 6:45am-8:30pm, F

**Ages:** Incoming 7<sup>th</sup> Graders

**Fee:** \$149

**Location:** Indian Hills or Stilwell Junior High\*

**\*Register for the junior high your child will attend**

**\*\*It is best to register on-line at**  
**<https://reconline.wdm-ia.com>**

*Any paper registrations that are mailed or turned into the WDM Parks and Recreation Administration Office will be entered into our registration system the week of March 10 in the order they were received.*

Please note that a detailed schedule will be emailed in the weeks leading up to your child's participation in the Planet 7 program. Please be sure that we have your correct email address in our registration system. This schedule will give you detailed information about daily activities, items to bring, and pick-up and drop-off times.

## **How to Register**

**GO ON-LINE to <https://reconline.wdm-ia.com>**

**Call 515-222-3444 before March 10 to set up your bar code and pin number**

## YOU DO NOT NEED TO COMPLETE THIS SIDE IF REGISTERING ONLINE

### Participant

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Street

City

Zip

Home Phone \_\_\_\_\_ Parent/Guardian Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ / \_\_\_\_\_

**Is there anything special about your child's health status of which we should know?**

(Please attach any additional information that may be pertinent.)

**Are there any accommodations your child needs to better enjoy this program?** Yes No

If yes, please describe \_\_\_\_\_

**Does your child have any special diet requirements?** Yes No

If yes, please describe \_\_\_\_\_

**In case of illness or accident, whom shall we contact?**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Alternate Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Elementary school your child attended** \_\_\_\_\_

**T-Shirt Size (please circle one)** Adult S Adult M Adult L Adult XL

#### WDM PARKS AND RECREATION WAIVER AND RELEASE

In consideration of my own or my child's participation in the Parks and Recreation (hereinafter referred to as "P&R") program or activity through the City of West Des Moines, Iowa (hereinafter referred to as "City"), we hereby release the City, its officials, employees, representatives, and agents from any and all accidents, injuries, damages, or losses received by my child or by myself through the P&R program that have not been caused by negligence attributable to the City. I also agree and acknowledge that the City is not responsible for any intentional or reckless actions of the City's officials, employees, representatives, and agents since those actions are the sole conduct of the responsible individual(s). I further agree and acknowledge that this release of liability is full, complete, and comprehensive, and it covers all accidents, injuries, damages, or losses, known or unknown, and any and all costs related thereto arising out of or otherwise related to my child's participation or my own participation in programs or activities, and that this release is binding upon our heirs, successors, and assigns.

We certify that my child and or myself has received a proper physical examination within the past year and that we are physically able to participate in all P&R activities. We understand that it is our obligation to timely inform P&R of any restrictions or limitations regarding our physical abilities. We also understand that it is our obligation to follow all regulations and rules set forth by P&R in the performance of the activities. We hereby release, indemnify, and hold harmless the City, its officials, employees, representatives, and agents from any and all claims, settlements, and judgments, including all reasonable investigative fees, attorney's fees, and court costs for any injury, damage, or loss, which is due to or arises in whole or in part due to negligent, reckless, or intentional actions taken by my child or by myself.

We have read and agree to all of the terms and conditions of this Waiver and Release.

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_ Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent / Guardian

Child

### REGISTRATION & PAYMENT INFORMATION

**Program #:** \_\_\_\_\_

**Fee: \$149.00**

**Payment method:** \_\_\_ Check (make payable to The City of West Des Moines)

\_\_\_ Cash

\_\_\_ Credit Card #: \_\_\_\_\_ Exp. \_\_\_\_ / \_\_\_\_  
(MasterCard, VISA, or Discover)

\*A registration confirmation email and payment receipt will be sent to the email address you have listed above once your child is registered.